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A Joint Venture With Applied Biosystems

1401 Harbor Bay Parkway, Alameda, CA 94502
phone 510 749 4200 fax 510 749 6200
www.celeradiagnostics.com

FAX

NUMBER OF PAGES INCLUDING COVER: 13

DATE APRIL 6, 2007

TO PATENT EXAMINER: JULIET CAROLINE SWITZER

FAX NO. 571.273.8300

FROM BEN WANG
PATENT ATTORNEY

PHONE 510.749.4378

FAX 510.749.4266

Re: US Serial No.: 10/719,993 filed: 11/24/2003

Entitled: "GENETIC POLYMORPHISMS ASSOCIATED WITH ALZHEIMER'S DISEASE,
METHODS OF DETECTION AND USES THEREOF"

Atty. Docket No.: CL1496ORD

Attached: **RESPONSE TO OFFICE ACTION AND EXTENSION OF TIME**

Ben Wang
Patent Attorney
Celera
1401 Harbor Bay Parkway
Alameda, CA 94502
Phone: 510.749.4378
Fax: 510.749.4266
Email: ben.wang@celera.com

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PAGE 1/13 * RCVD AT 4/6/2007 12:42:37 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-5/7 * DNIS:2738300 * CSID:2404533084 * DURATION (mm-ss):02-44

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No. 2369 P. 2


PTO/SB/21 (09-04)

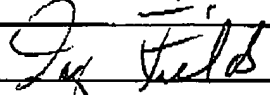
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/719,993	
	Filing Date	November 24, 2003	
	First Named Inventor	Michele CARGILL	
	Art Unit	1634	
	Examiner Name	Juliet Caroline SWITZER	
Total Number of Pages In This Submission	12	Attorney Docket Number	CL1498ORD

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Office Action (9 pgs); Fax cover sheet (1pg)
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Celera	
Signature		
Printed name	Ben Wang	
Date	April 6, 2007	Reg. No. 41,420

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Inez Fields	Date April 6, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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No. 2369 P. 3

PTO/SB/17 (02-07)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2007**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
450.00

Complete if Known

Application Number 10/719,993
Filing Date 11/24/2003
First Named Inventor CARGILL, Michele
Examiner Name Juliet Caroline SWITZER
Art Unit 1634
Attorney Docket No. CL1496ORD

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 502781 Deposit Account Name: Celera
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Fee for Extension for Response within Second Month 450.00

SUBMITTED BY

Signature [Signature] Registration No. 41,420 Telephone 510.749.4378
Name (Print/Type) Ben Wang Date April 6, 2007

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